

City of Newton



Setti D. Warren  
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT  
Dori Zaleznik, MD, Commissioner  
1294 Centre Street  
Newton, MA 02459-1544

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617-552-7063

updated 2/11

**BODY ART ESTABLISHMENT**  
**ORIGINAL APPLICATION FOR LICENSE**

DATE: \_\_\_\_\_ NAME OF ESTABLISHMENT: \_\_\_\_\_ TEL.# \_\_\_\_\_

ADDRESS OF ESTABLISHMENT: \_\_\_\_\_

ZIP CODE

TYPE OF BUSINESS: ( ) PIERCING ( ) TATOOING ( ) COSMETIC TATOOING

( ) OTHER (PLEASE DESCRIBE) \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ HOME TEL.# \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_

NAME OF MANAGER, IF DIFFERENT THAN ABOVE: \_\_\_\_\_

IF OWNERSHIP IS A PARTNERSHIP OR CORPORATION, PLEASE LIST NAME AND ADDRESS  
OF PARTNERS OR CORPORATE OFFICERS:

THE BODY ART PRACTITIONER(S) WORKING AT THE ESTABLISHMENT:

NAME	ADDRESS	ZIP CODE	TEL. #
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NAME	ADDRESS	ZIP CODE	TEL. #
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PLEASE PROVIDE THE FOLLOWING:

A DRAWING OF THE FLOOR PLAN OF THE PROPOSED ESTABLISHMENT TO SCALE FOR A PLAN REVIEW BY THE  
DEPARTMENT, AS PART OF THE PERMIT APPLICATION PROCESS.

(FILL OUT PLAN REVIEW APPLICATION FORM WITH A FEE OF \$50.00). INCLUDE SQUARE FEET OF FLOOR SPACE  
FOR EACH PRACTITIONER.

I HAVE RECEIVED, READ AND UNDERSTOOD THE NEWTON HEALTH AND HUMAN SERVICES DEPARTMENT  
REGULATIONS GOVERNING BODY ART ESTABLISHMENTS AND PRACTITIONERS.

PURSUANT TO M.G.L. CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY  
BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED  
UNDER LAW.

\_\_\_\_\_  
SOCIAL SECURITY NUMBER OR  
FEDERAL I.D. NUMBER

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL OR  
CORPORATE NAME

BY: \_\_\_\_\_  
CORPORATE OFFICER (IF APPLICABLE)

**APPLICATION FEE FOR A BODY ART ESTABLISHMENT PERMIT: \$100.00. PERMIT IS NON-TRANSFERABLE**